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Total Number of Pages in this Submission

11

Application Number

10/681448

Filing Date

10/08/03

First Named Inventor

Knott

Art Unit

3622

Examiner Name

Carlson, Jeffrey D.

Attorney Docket Number

130332.00079

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	RCE
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks
Extension petition (1 p.)
RCE (1 p.)
Amendment (8 pp.)
This transmittal (1 p.)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	JACKSON WALKER L.L.P.		
Signature	/joseph p lally/		
Printed name	JOSEPH P. LALLY		
Date	11/15/10	Reg. No.	38,947

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